

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Rhode Island Chapter

Rhode Island Chapter of the AAP
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The Vaccine Advisory Committee held their quarterly meeting on April 29, 2011. Thank you so much for your attendance and your ability to answer the questions of committee members. Now that this committee has convened for two years, the agenda of this recent meeting included reflections of our past work, advice to Health as well as a strategic planning discussion of future goals and topics.

In general, the committee members expressed pride in the thoroughness and due diligence of our work as well as the satisfaction in the committee's advisory recommendations to Health. However, there was consensus request among members to Health to provide more feedback regarding final vaccine policy decisions. Specifically, how does Health weight the value of many variables (cost, convenience, confusion, competition, clinician advice) before arriving at final vaccine brand choice and policy? As a point of transparency, committee members asked for details of Health's internal decision making process. Also, is there an opportunity for rebuttal of decisions? In fact, one physician suggested a reversed advisory format. In this scenario, Health presents their policy recommendations to the committee for discussion and reactionary advice, rather than our current proactive advisory role. With either format, the Advisory Committee members request more bidirectional discussions and improved communication with Health on the process of vaccine policy decision making in Rhode Island.

The second half of the meeting was dedicated to a discussion of the Pediarix vs. Pentacel vaccine. Due to recent supply shortages, many committee members have experience working with each vaccine. While each point raised had its merits, there was no one unifying consensus of preferred brand name among the committee members. Likewise, the committee opinion was equally divided on the subject of per-office vaccine brand choice for providers. Yet, the majority committee opinion is that changes in vaccine brand and schedule creates significant confusion in the clinician's offices which risks missed patient opportunities for vaccination. Missed vaccine doses results in lower protection for our state's children, which risks their health.

The Vaccine Advisory Committee members are a thoughtful collection of medical professionals who appreciate being involved in Health's process of vaccine discussion and selection. We look forward to future opportunities to share meaningful bidirectional communication regarding these topics. Thank you for including us in this discussion.

Sincerely,

Elizabeth B. Lange, MD FAAP
Chair, Vaccine Advisory Committee